



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

This application packet contains the following information:

- ☐ Application Forms
- ☐ Support Statements
- ☐ WAC 480-15 – Rules Relating to Household Goods Carriers
- ☐ “Your Guide to a Satisfactory Safety Rating”
- ☐ “Household Goods Carrier’s Guide to Compliance with Operational Laws and Rules”

You may not begin operations as a household goods carrier until you are granted authority and a household goods permit is issued to you.

All vehicles operated under a household goods permit must pass inspection and be issued a valid Commercial Vehicle Safety Inspection decal. You may contact our Compliance staff at 360-664-1244 to make arrangements to have your vehicle inspected.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Washington Utilities and Transportation Commission (Commission) covering all vehicles operating under your household goods permit. All vehicles must also be covered by cargo insurance. Cargo insurance does not need to be filed with the Commission, however, proof of coverage must be kept at your main office and must be available for inspection by Commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

You may contact our Licensing Services and Compliance staff for assistance at 360-664-1222. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT															
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa										
Expiration Date: _____ Amount: _____ CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Name (printed): _____ Date: _____ Signature: _____ Title: _____															
FOR OFFICIAL USE ONLY															
Date Filed:	Application #:	Motcar:	Permit Issued: HG-												
Staff Assigned:	Insurance:	Inspection:	DOL/SOS:												
Reception #: _____ 111-0268-207-02 111-0268-202-01 111-0268-013-20															

BUSINESS INFORMATION

Name of Applicant _____
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address _____

Mailing Address _____

Telephone Number () _____ Fax Number () _____

UBI # _____ Email: _____

TYPE OF BUSINESS STRUCTURE

☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
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Choose one of the following for the territory in which you wish to operate:

- ☐ All counties in the State of Washington
☐ The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: _____

Briefly describe your experience in the transportation/household goods moving industry:

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

☐ No ☐ Yes If yes, please indicate your permit number: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?

☐ No ☐ Yes If yes, please explain: _____

Do you currently operate interstate? ☐ No ☐ Yes If yes, please indicate your:

DOT# _____ MC# _____ Single State Registration Base State _____

Do you operate interstate as an agent of another company? ☐ No ☐ Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? ☐ No ☐ Yes If yes, please explain: _____

Have you ever been convicted of a Class A or B Felony? ☐ No ☐ Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? ☐ No ☐ Yes If yes, please explain: _____

FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name:	Position:
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DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name:	Position:
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DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name:	Position:
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CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name:	Position:
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Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name:	Position:
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INSURANCE REQUIREMENTS (WAC 480-15-530) All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name:	Position:
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CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name:	Position:
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OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name:

Position:

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:

Position:

DECLARATION OF APPLICANT:

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Print name of applicant

Signature of Applicant

Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):

Phone Number:

Do you currently need the services of a residential household goods moving company?

☐ No ☐ Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

☐ No ☐ Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:

☐ Transfer ☐ Acquisition of Control

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

Address (Seller)

HG-

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260? ☐ No ☐ Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid? ☐ No ☐ Yes

Has the closing annual report been filed with the Commission? ☐ No ☐ Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-_____ to the following:

Name of Buyer

Trade Name of Buyer

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Seller's Signature

Date & Location

Buyer's Signature

Date & Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- ☐ A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - ☐ A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - ☐ A sole proprietor has died and the interest is being transferred as property of the estate;
 - ☐ An individual has incorporated, and the same individual remains the majority shareholder;
 - ☐ An individual has added a partner, but the same individual remains the majority partner;
 - ☐ A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - ☐ A partnership has dissolved and the interest is being transferred to the majority partner;
 - ☐ A partnership has incorporated and the partners are the majority shareholders; or
 - ☐ Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

NOTE Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- ☐ Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? ☐ No ☐ Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit

Current Trade Name on Permit

Address

Phone Number

Fax Number

Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on household goods permit HG-_____ be changed to:

New Name

UBI Number

New Trade Name (if applicable)

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Signature & Title of Applicant

Date & Location

ATTACHMENT E

SUPPORT FOR EMERGENCY TEMPORARY AUTHORITY (WAC 480-15-270)

The Commission may approve Emergency Temporary Authority (ETA) for a specific move or for a period of time (not more than 30 days) when it is necessary to meet a customer's immediate and urgent need for service due to an emergency situation. An immediate and urgent need may consist of unavailability of an existing household goods carrier; a request for special service or equipment that is not available from an existing household goods carrier; natural disasters such as a flood, volcano eruption, forest fire, or earthquake. An approved ETA will be immediately cancelled if the Commission determines that no true emergency exists.

An application for ETA must be accompanied by a sworn statement from the customer needing the service. The customer must complete the following:

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name _____

Address _____

Telephone Number () _____ Fax Number () _____

Describe your immediate and urgent need for service: _____

What date(s) do you need the service? _____

What do you need transported? _____

Where do you need it transported from? _____ to? _____

List the permitted moving companies you have contacted?

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

Name _____ Phone Number () _____

Explain why they are not able to provide you service: _____

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.

Print name

Signature

Date & Place